

02/20/03 13:48 FAX 602 382 6070

SNELL & WILMER E

001

Snell & Wilmer
L.L.P.

LAW OFFICES

One Arizona Center
Phoenix, Arizona 85014-2203
(602) 382-6000
Fax: (602) 382-6070
www.swlaw.com

PHOENIX, ARIZONA
TUCSON, ARIZONA
IRVINE, CALIFORNIA
SALT LAKE CITY, UTAH
DENVER, COLORADO
LAS VEGAS, NEVADA

10/075,422

FACSIMILE TRANSMISSION

DATE: February 20, 2003

TIME IN: *144*
TIME OUT:

TO:

Name	Fax Number	Phone Number
Angel Roman - Unit 2812 United States Patent and Trademark Office	(703) 308-7724 (fr) 7382	(703) 308-1782

FROM: Daniel R. Pote

PHONE: 602-382-6325

MESSAGE:

Here is the Response

FAX RECEIVED

FEB 20 2003

TECHNOLOGY CENTER 2800

ORIGINAL DOCUMENT: Will be sent NUMBER OF PAGES (Including Cover): *6*
CONFIRMATION NO.: CURRENT MATTER NO.: 37829.0300
PLEASE RETURN TO: S.Bowman/16S20 PERSONAL FAX: No
REQUESTOR: Daniel R. Pote DIRECT LINE: 602-382-6325

IF YOU HAVE NOT PROPERLY RECEIVED THIS TELECOPY, PLEASE CALL US AT (602) 382-6070.
OUR FACSIMILE NUMBER IS (602) 382-6070.

RECEIVED
MAR - 6 2003
TECHNOLOGY CENTER 2800

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS ATTORNEY PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE TO DEFEND IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE, AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.

02/20/03 13:48 FAX 602 382 6070

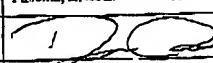
SHELL & WILMER E

002

Please type a plus sign (+) inside this box → Approved for use through 10/31/2002 GPO 02-0051
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>									
Total Number of Pages in This Submission	Attorney Docket Number								
075 37827.0300/Micron 01-0609									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center; padding: 5px;">ENCLOSURES (check all that apply)</td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"> <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.62 </td> <td style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ </td> <td style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): _____ </td> </tr> <tr> <td colspan="3" style="text-align: center; padding: 5px;">Remarks</td> </tr> </table>		ENCLOSURES (check all that apply)		<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.62	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): _____	Remarks		
ENCLOSURES (check all that apply)									
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.62	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): _____							
Remarks									

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Daniel R. Post, SHELL & WILMER LLP One Arizona Center, 400 East Van Buren Phoenix, Arizona 85004-2202
Signature	
Date	February 20, 2003

CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: February 20, 2003		
Typed or printed name	Sheila R. Wilmer	Date
Signature		February 20, 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

RECEIVED
MAR - 6 2003
TECHNOLOGY CENTER 2800

02/20/03 13:48 FAX 602 382 6070

SNELL & WILMER E

003

Approved for use through 04/30/2003. GPO 0651-0017
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
collection of information unless it displays a valid OMB control number.

FEET TRANSMITTAL for FY 2003		<i>Complete If Known</i>																																																																																																																																																																																																																										
<i>Effective 01/01/2003. Patent fees are subject to annual revision.</i> <input type="checkbox"/> <i>Applicant claims small entity status. See 37 CFR 1.27</i>		<i>TECHNOLOGY</i>																																																																																																																																																																																																																										
TOTAL AMOUNT OF PAYMENT (\$ \$110.00)		Application Number 10/075,422 Filing Date February 13, 2001 First Name/Initials Michael Brooks Examiner Name Angel Roman Group Art Unit 1817 Attorney Docket No. 37829.0300/Micron 01-0599																																																																																																																																																																																																																										
METHOD OF PAYMENT (check all that apply)		FEES CALCULATION (continued)																																																																																																																																																																																																																										
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number 19-2814 Deposit Account Name Snell & Wilmer LLP		3. ADDITIONAL FEES Large Entity Small Entity <table border="1"> <thead> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>1053</td> <td>130</td> <td>1062</td> <td>130 - English specification</td> <td></td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520 For filing a request for ex parte reexamination</td> <td></td> </tr> <tr> <td>1804</td> <td>920*</td> <td>1804</td> <td>920* Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>1805</td> <td>1,840*</td> <td>1804</td> <td>1,840* Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>1251</td> <td>110</td> <td>2251</td> <td>55 Extension for reply within first month</td> <td></td> </tr> <tr> <td>1252</td> <td>410</td> <td>2252</td> <td>205 Extension for reply within second month</td> <td></td> </tr> <tr> <td>1253</td> <td>930</td> <td>2253</td> <td>465 Extension for reply within third month</td> <td></td> </tr> <tr> <td>1254</td> <td>1,450</td> <td>2254</td> <td>726 Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>1256</td> <td>1,700</td> <td>2255</td> <td>805 Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>1401</td> <td>320</td> <td>2401</td> <td>160 Notice of Appeal</td> <td></td> </tr> <tr> <td>1402</td> <td>320</td> <td>2402</td> <td>160 Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1403</td> <td>280</td> <td>2403</td> <td>140 Request for oral hearing</td> <td></td> </tr> <tr> <td>1451</td> <td>1,510</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>1462</td> <td>110</td> <td>2452</td> <td>55 Petition to revive - unavoidable</td> <td></td> </tr> <tr> <td>1553</td> <td>1,300</td> <td>2453</td> <td>650 Petition to revive - unintentional</td> <td></td> </tr> <tr> <td>1501</td> <td>1,300</td> <td>2501</td> <td>650 Utility issue fee (or reissue)</td> <td></td> </tr> <tr> <td>1502</td> <td>470</td> <td>2502</td> <td>235 Design issue fee</td> <td></td> </tr> <tr> <td>1503</td> <td>820</td> <td>2503</td> <td>315 Plant issue fee</td> <td></td> </tr> <tr> <td>Total Claims</td> <td>-28** = 0</td> <td>X</td> <td>0.00</td> <td></td> </tr> <tr> <td>Independent Claims</td> <td>-3** = 0</td> <td>X</td> <td>0.00</td> <td></td> </tr> <tr> <td>Multiple Dependents</td> <td></td> <td>X</td> <td>0.00</td> <td></td> </tr> <tr> <td colspan="2"> Large Entity Small Entity </td> <td colspan="2"> Fee Description </td> </tr> <tr> <td colspan="2"> Fee Fee Fee Code (\$) Code (\$) Code (\$) </td> <td colspan="2"> Fee Paid </td> </tr> <tr> <td>1202</td> <td>15</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>84</td> <td>2201</td> <td>42</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>280</td> <td>2203</td> <td>140</td> <td>Multiple dependent claims, if not paid</td> </tr> <tr> <td>1204</td> <td>84</td> <td>2204</td> <td>42</td> <td>** Reissue independent claims over original patent</td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="2"> SUBTOTAL (1) (\$ 0.00) </td> <td colspan="2"> SUBTOTAL (2) (\$ 0.00) </td> </tr> <tr> <td colspan="2"> 2. EXTRA CLAIM FEES FOR UTILITY AND DESIGN </td> <td colspan="2"> SUBTOTAL (3) (\$ \$110.00) </td> </tr> <tr> <td colspan="2"> Extra Claims Fee from below Fee Paid </td> <td colspan="2"> Reduced by Basic Filing Fees Paid </td> </tr> <tr> <td>Total Claims</td> <td>-28** = 0</td> <td>X</td> <td>0.00</td> <td></td> </tr> <tr> <td>Independent Claims</td> <td>-3** = 0</td> <td>X</td> <td>0.00</td> <td></td> </tr> <tr> <td>Multiple Dependents</td> <td></td> <td>X</td> <td>0.00</td> <td></td> </tr> <tr> <td colspan="2"> Large Entity Small Entity </td> <td colspan="2"> Fee Description </td> </tr> <tr> <td colspan="2"> Fee Fee Fee Code (\$) Code (\$) Code (\$) </td> <td colspan="2"> Fee Paid </td> </tr> <tr> <td>1202</td> <td>15</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>84</td> <td>2201</td> <td>42</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>280</td> <td>2203</td> <td>140</td> <td>Multiple dependent claims, if not paid</td> </tr> <tr> <td>1204</td> <td>84</td> <td>2204</td> <td>42</td> <td>** Reissue independent claims over original patent</td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="2"> SUBTOTAL (2) (\$ 0.00) </td> <td colspan="2"> Other fee (specify) _____ </td> </tr> </tbody></table>		Fee Code (\$)	Fee Code (\$)	Fee (\$)	Fee Description	Fee Paid	1051	130	2051	Surcharge - late filing fee or oath		1052	50	2052	Surcharge - late provisional filing fee or cover sheet		1053	130	1062	130 - English specification		1812	2,520	1812	2,520 For filing a request for ex parte reexamination		1804	920*	1804	920* Requesting publication of SIR prior to Examiner action		1805	1,840*	1804	1,840* Requesting publication of SIR after Examiner action		1251	110	2251	55 Extension for reply within first month		1252	410	2252	205 Extension for reply within second month		1253	930	2253	465 Extension for reply within third month		1254	1,450	2254	726 Extension for reply within fourth month		1256	1,700	2255	805 Extension for reply within fifth month		1401	320	2401	160 Notice of Appeal		1402	320	2402	160 Filing a brief in support of an appeal		1403	280	2403	140 Request for oral hearing		1451	1,510	1,510	Petition to institute a public use proceeding		1462	110	2452	55 Petition to revive - unavoidable		1553	1,300	2453	650 Petition to revive - unintentional		1501	1,300	2501	650 Utility issue fee (or reissue)		1502	470	2502	235 Design issue fee		1503	820	2503	315 Plant issue fee		Total Claims	-28** = 0	X	0.00		Independent Claims	-3** = 0	X	0.00		Multiple Dependents		X	0.00		Large Entity Small Entity		Fee Description		Fee Fee Fee Code (\$) Code (\$) Code (\$)		Fee Paid		1202	15	2202	9	Claims in excess of 20	1201	84	2201	42	Independent claims in excess of 3	1203	280	2203	140	Multiple dependent claims, if not paid	1204	84	2204	42	** Reissue independent claims over original patent	1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	SUBTOTAL (1) (\$ 0.00)		SUBTOTAL (2) (\$ 0.00)		2. EXTRA CLAIM FEES FOR UTILITY AND DESIGN		SUBTOTAL (3) (\$ \$110.00)		Extra Claims Fee from below Fee Paid		Reduced by Basic Filing Fees Paid		Total Claims	-28** = 0	X	0.00		Independent Claims	-3** = 0	X	0.00		Multiple Dependents		X	0.00		Large Entity Small Entity		Fee Description		Fee Fee Fee Code (\$) Code (\$) Code (\$)		Fee Paid		1202	15	2202	9	Claims in excess of 20	1201	84	2201	42	Independent claims in excess of 3	1203	280	2203	140	Multiple dependent claims, if not paid	1204	84	2204	42	** Reissue independent claims over original patent	1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	SUBTOTAL (2) (\$ 0.00)		Other fee (specify) _____	
Fee Code (\$)	Fee Code (\$)	Fee (\$)	Fee Description	Fee Paid																																																																																																																																																																																																																								
1051	130	2051	Surcharge - late filing fee or oath																																																																																																																																																																																																																									
1052	50	2052	Surcharge - late provisional filing fee or cover sheet																																																																																																																																																																																																																									
1053	130	1062	130 - English specification																																																																																																																																																																																																																									
1812	2,520	1812	2,520 For filing a request for ex parte reexamination																																																																																																																																																																																																																									
1804	920*	1804	920* Requesting publication of SIR prior to Examiner action																																																																																																																																																																																																																									
1805	1,840*	1804	1,840* Requesting publication of SIR after Examiner action																																																																																																																																																																																																																									
1251	110	2251	55 Extension for reply within first month																																																																																																																																																																																																																									
1252	410	2252	205 Extension for reply within second month																																																																																																																																																																																																																									
1253	930	2253	465 Extension for reply within third month																																																																																																																																																																																																																									
1254	1,450	2254	726 Extension for reply within fourth month																																																																																																																																																																																																																									
1256	1,700	2255	805 Extension for reply within fifth month																																																																																																																																																																																																																									
1401	320	2401	160 Notice of Appeal																																																																																																																																																																																																																									
1402	320	2402	160 Filing a brief in support of an appeal																																																																																																																																																																																																																									
1403	280	2403	140 Request for oral hearing																																																																																																																																																																																																																									
1451	1,510	1,510	Petition to institute a public use proceeding																																																																																																																																																																																																																									
1462	110	2452	55 Petition to revive - unavoidable																																																																																																																																																																																																																									
1553	1,300	2453	650 Petition to revive - unintentional																																																																																																																																																																																																																									
1501	1,300	2501	650 Utility issue fee (or reissue)																																																																																																																																																																																																																									
1502	470	2502	235 Design issue fee																																																																																																																																																																																																																									
1503	820	2503	315 Plant issue fee																																																																																																																																																																																																																									
Total Claims	-28** = 0	X	0.00																																																																																																																																																																																																																									
Independent Claims	-3** = 0	X	0.00																																																																																																																																																																																																																									
Multiple Dependents		X	0.00																																																																																																																																																																																																																									
Large Entity Small Entity		Fee Description																																																																																																																																																																																																																										
Fee Fee Fee Code (\$) Code (\$) Code (\$)		Fee Paid																																																																																																																																																																																																																										
1202	15	2202	9	Claims in excess of 20																																																																																																																																																																																																																								
1201	84	2201	42	Independent claims in excess of 3																																																																																																																																																																																																																								
1203	280	2203	140	Multiple dependent claims, if not paid																																																																																																																																																																																																																								
1204	84	2204	42	** Reissue independent claims over original patent																																																																																																																																																																																																																								
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent																																																																																																																																																																																																																								
SUBTOTAL (1) (\$ 0.00)		SUBTOTAL (2) (\$ 0.00)																																																																																																																																																																																																																										
2. EXTRA CLAIM FEES FOR UTILITY AND DESIGN		SUBTOTAL (3) (\$ \$110.00)																																																																																																																																																																																																																										
Extra Claims Fee from below Fee Paid		Reduced by Basic Filing Fees Paid																																																																																																																																																																																																																										
Total Claims	-28** = 0	X	0.00																																																																																																																																																																																																																									
Independent Claims	-3** = 0	X	0.00																																																																																																																																																																																																																									
Multiple Dependents		X	0.00																																																																																																																																																																																																																									
Large Entity Small Entity		Fee Description																																																																																																																																																																																																																										
Fee Fee Fee Code (\$) Code (\$) Code (\$)		Fee Paid																																																																																																																																																																																																																										
1202	15	2202	9	Claims in excess of 20																																																																																																																																																																																																																								
1201	84	2201	42	Independent claims in excess of 3																																																																																																																																																																																																																								
1203	280	2203	140	Multiple dependent claims, if not paid																																																																																																																																																																																																																								
1204	84	2204	42	** Reissue independent claims over original patent																																																																																																																																																																																																																								
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent																																																																																																																																																																																																																								
SUBTOTAL (2) (\$ 0.00)		Other fee (specify) _____																																																																																																																																																																																																																										

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Information is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the required application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20221. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20221.

Call 1-800-PTO-9199 (1-800-786-0199) and select option 2.

FAX RECEIVED

FEB 20 2003

02/20/03 13:49 FAX 602 382 6070

SNELL & WILMER E

004

Snell & Wilmer
L.L.P.
ONE ARIZONA CENTER
PHOENIX, ARIZONA 85004-0001

HOME OFFICE
BANK ONE
PHOENIX, ARIZONA

CHECK NO 292442

91-2
1221

DATE Feb. 20, 2003

AMOUNT

\$110.00

ONE HUNDRED TEN-----00/100

NOT TO EXCEED \$250.00

PAY
TO THE
ORDER
OF
DIRECTOR - U.S. PATENT AND
TRADEMARK OFFICE

Snell & Wilmer
L.L.P.
VOID IF NOT PRESENTED IN 90 DAYS

10292442# 0122100024#

1230# 3744#

DESCRIPTION	ACCOUNT NO.	AMOUNT
One-month extension (DRP)	37P29.0300	\$110.00

PLEASE DETACH THIS STATEMENT
BEFORE DEPOSITING CHECK

Snell & Wilmer
L.L.P.
ONE ARIZONA CENTER
PHOENIX, ARIZONA 85004-0001
(602) 382-6070

THIS CHECK IS TENDERED IN
PAYMENT OF ITEMS LISTED

RECEIVED
MAR - 6 2003
TECHNOLOGY CENTER 2800

FAX RECEIVED

FEB 20 2003

TECHNOLOGY CENTER 2800

02/20/03 13:49 FAX 602 382 6070

SNELL & WILMER E

005

Appl. No. 10/075,422

CERTIFICATE OF MAILING PURSUANT TO 37 C.F.R. §1.8

I hereby certify that this correspondence, along with accompanying documents, pursuant to 37 C.F.R. §1.8, are being sent via facsimile to 703-308-7724 with a confirmation copy deposited with the United States Postal Service as First Class Mail, postage pre-paid, in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on:

Date: Feb. 20, 2003

By Debra

Signature of person depositing U.S. Mail

**IN THE UNITED STATES PATENT AND
TRADEMARK OFFICE**

RESPONSE

Applicant(s):	Brooks	Atty. Docket No.:	37829.0300
Serial No.:	10/075,422	Client Ref. No.:	01-0609
Filed:	February 13, 2002	Group Art Unit:	2812
Title:	METHODS AND APPARATUS Examiner: FOR STACKED-DIE INTERPOSER		Roman, Angel

Assistant Commissioner for Patents
Washington, D.C. 20231

FAX RECEIVED

FEB 20 2003

Dear Assistant Commissioner:

In response to the Office Action mailed December 20, 2002, please consider the following Remarks.

TECHNOLOGY CENTER 2800

REMARKS

The Examiner has issued a restriction requirement, and has classified the claims as

follows:

- I. Claims 1-8, drawn to a semiconductor device, classified in class 257, subclass 1.

02/20/03 13:49 FAX 602 382 6070

SNELL & WILMER E

006

II. Claims 9-13, drawn to a method of making a semiconductor device, classified in class 438, subclass 106.

Applicant respectfully traverses this restriction requirement. Nevertheless, in the interest of compact prosecution, Applicant elects invention I cited above (claims 1-8). Accordingly, a Notice of Allowance respecting all pending claims is earnestly solicited. Should the Examiner wish to discuss any of the above in greater detail, then the Examiner is invited to telephone the undersigned at the Examiner's convenience.

Respectfully submitted,

By 
Daniel R. Pote
Reg. No. 43,011

Date February 20, 2003

SNELL & WILMER, L.L.P.
One Arizona Center
400 East Van Buren
Phoenix, Arizona 85004-2202
(602) 382-6325

FAX RECEIVED

FEB 20 2003

2
TECHNOLOGY CENTER 2800